Original Article

Hospices' Use of Electronic Medical Records for Quality Assessment and Performance Improvement Programs

Nan Tracy Zheng, PhD, Franziska S. Rokoske, PT, MS, M. Alexis Kirk, BA, Brieanne Lyda-McDonald, MSPH, and Shulamit L. Bernard, PhD

Division of Health Services and Social Policy Research (N.T.Z.), RTI International, Waltham, Massachusetts; and Division of Health Services and Social Policy Research (F.S.R., M.A.K., B.L.-M., S.L.B.), RTI International, Research Triangle Park, North Carolina, USA

Abstract

Context. Electronic medical records (EMRs) are increasingly viewed as essential tools for quality assurance and improvement in many care settings, but little is known about the use of EMRs by hospices in their quality assessment and performance improvement (QAPI) programs.

Objectives. To examine the data sources hospices use to create quality indicators (QIs) used in their QAPI programs and to examine the domains of EMR-based QIs.

Methods. We used self-reported QIs (description, numerator, and denominator) from 911 hospices nationwide that participated in the Centers for Medicare & Medicaid Services nationwide hospice voluntary reporting period. The data reflected QIs that hospices used for their internal QAPI programs between October 1 and December 31, 2011. We used the primary data sources for QIs reported by hospices and analyzed EMR-based QIs in terms of the quality domains and themes addressed.

Results. EMRs were the most frequent data source for the QIs reported, followed by family survey and paper medical record. Physical symptom management was the largest quality domain—included in 51.5% of the reported EMR-based QIs—followed by patient safety and structure and process of care.

Conclusion. Most participating hospices use EMRs for retrieving items needed for QI calculations. EMR-based QIs address various quality domains and themes. Our findings present opportunities for potential future reporting of EMR-based quality data. J Pain Symptom Manage 2014;48:582—589. *© 2014 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words

Electronic medical record, electronic health record, hospice quality indicators, quality reporting

Address correspondence to: Nan Tracy Zheng, PhD, Aging, Disability and Long Term Care, Division of Health Services and Social Policy Research, RTI International, 1440 Main Street, Suite 310, Waltham, MA 02451-1623, USA. E-mail: ntzheng@rti.org

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Introduction

Medicare hospice services include palliation, comfort, and support services for Medicare beneficiaries with a life expectancy of six months or less and their families. In 2009, about 1.1 million beneficiaries (more than 40% of Medicare decedents in that year) received hospice services.[1] Medicare hospice spending more than tripled between 2000 ($2.9 billion) and 2007 ($10 billion) and increased to $12 billion in 2009. At the same time, the number of hospice providers that are certified by the Centers for Medicare & Medicaid Services (CMS) has increased rapidly, particularly for-profit hospices, which increased by 150% between 2000 and 2010.[1] Despite the high hospice utilization and the proliferation of hospice providers, the public and policymakers know relatively little about the quality of care provided by hospices. Developing, implementing, and maintaining an effective, ongoing, hospice-wide, data-driven quality assessment and performance improvement (QAPI) program has been a requirement in the Conditions of Participation since 2008, but whether hospices implement QAPI programs, and how many and what type of quality indicators (QIs) are included in the QAPI programs, are largely unknown.

The Affordable Care Act required the U.S. Department of Health and Human Services to establish a Hospice Quality Reporting Program.[2] CMS initiated a voluntary reporting period beginning in January 2012 for hospices nationwide to report the QIs that they used in their QAPI programs between October 1 and December 31, 2011.[3] The purpose of this voluntary reporting period was to help CMS design the data collection approach for mandatory quality reporting starting in 2013. The data reported by hospices during the voluntary reporting period also provided the first opportunity to identify the QIs that they are using to meet QAPI requirements and the data sources for constructing their QIs.

Electronic medical records (EMRs) are increasingly viewed as essential tools for quality assurance and improvement in a variety of care settings.[4] The 2007 National Home Health and Hospice Care Survey found that approximately 49% of hospice agencies and 63% of agencies that provide both home health and hospice care were using EMRs.[5] The most common EMR functionalities or components that providers use are for recording patient demographics and clinical notes.[6] Only one study investigated the use of EMRs specifically for the purposes of quality measurement or improvement in hospices. Cagle et al.[7] reported on the use of electronic data (including EMRs) for QAPI purposes. Their survey of more than 650 hospice providers showed that larger, home-health agency-based, nonprofit, mixed urban/rural hospices had the highest rates of use of electronic data for quality measurement or improvement. Although this survey provided evidence that hospices were using electronic data as part of their quality measurement efforts, it did not collect data on what QIs hospices created using electronic data.

The purposes of this study were to examine the data sources that hospices use to create individual QIs and to examine the domains of patient care addressed by EMR-based QIs.

Methods

Data and Sample

In late 2011, all hospices nationwide were made aware of their eligibility to participate in the voluntary reporting period through the CMS Hospice Wage Index Final Rule for FY2012 (CMS-1355-F, August 2011), CMS Open Door Forums, information posted on the CMS Hospice Quality Reporting Program Web site, and provider association newsblasts.

A Web-based data collection form was created for hospices to submit data during the voluntary reporting period. Hospices were asked to enter details about the QIs they used if they had at least one patient care-related QI in their QAPI program in Quarter 4 of 2011 (October 1—December 31). For each QI, hospices provided the following information by either selecting from a drop-down menu or entering free text: patient care topic (e.g., pain management, psychosocial assessment, patient safety) the indicator relates to; name of the indicator; brief description of the indicator; numerator and denominator specifications; primary data source for the indicator. The Office of Management and Budget granted approval (0938-1153) for hospice data submission on January 3, 2012.

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